

471-000-513 NEBRASKA MEDICAID RN/LPN FEE SCHEDULE

The following fee schedule is used to determine payment rates for services provided on or after July 1, 2005:

<b>CODE</b>	<b>DESCRIPTION</b>	<b>MEDICAID ALLOWABLE</b>
-------------	--------------------	-------------------------------

LPN Services:

T1000 TE	Private duty/independent nursing service(s) - licensed, up to 15 minutes.	\$ 6.63/unit
T1003	LPN/LVN services, up to 15 minutes.	\$ 3.30/unit

RN Services:

T1000 TD	Private duty/independent nursing service(s) - licensed, up to 15 minutes.	\$ 8.83/unit
T1002	RN Services, up to 15 minutes.	\$ 4.41/unit

Center-Based Day Care Services:

S5105 TD	Day care services, center-based; services not included in program fee, per diem	\$10.92/day (RN service)
S5105	Day care services, center-based; services not included in program fee, per diem	\$ 6.81/day

471-000-513 NEBRASKA MEDICAID RN/LPN FEE SCHEDULE

**Contracted Medical Day Care Services:**

For services provided under contract where the medical day care 'encounter' is defined as 'per hour' or 'full day' care:

CODE	DESCRIPTION	MEDICAID ALLOWABLE
T1024	Evaluation and treatment by an integrated specialty team contracted to provide Coordinated care to multiple and severely Handicapped children, per encounter.	\$22.44/unit
T1024 TG	Evaluation and treatment by an integrated specialty team contracted to provide Coordinated care to multiple and severely Handicapped children, per encounter.	\$25.50/unit (High Tech)

For services provided under contract where the medical day care 'encounter' is defined as '4 hours' of care:

CODE	DESCRIPTION	MEDICAID ALLOWABLE
T1024	Evaluation and treatment by an integrated specialty team contracted to provide Coordinated care to multiple and severely Handicapped children, per encounter.	\$78.54/encounter
T1024 TG	Evaluation and treatment by an integrated specialty team contracted to provide Coordinated care to multiple and severely Handicapped children, per encounter.	\$94.86/encounter (High Tech)